

Brookfield Senior Center Membership Application

To Join the Senior Center 7/1/16-6/30/17

RESIDENT: \$0 _____

NONRESIDENT: \$20 _____ NONRESIDENT – TRIP ONLY: \$0 (no newsletter) _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone No: _____ Cell: _____

Email: _____ Birth date: _____

Person to contact in case of emergency: _____

Relationship: _____

Phone: _____ Work: _____ Cell: _____

Signature: _____ Date: _____

How would you like to receive the Newsletter? (check one):

Email (this is the quickest) _____

I will pick up at the Center (thank you for saving us the cost of postage) _____

Postal Mail _____

*Mail to: Brookfield Senior Center, 100 Pocono Road, Brookfield, CT 06804
(Please make checks payable to Town of Brookfield)*

Your scan card is to be used each time you visit the Center.